

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

13 AUG 14 Liq. Dept AM1111

## APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

Check  
Appropriate  
Box

☐ Agent Change  
Complete Sections 1,2,3,4,6  
(See Note 1 on back)

☒ Acquisition of Control  
Complete Sections 1,2, (3,4 if changing Agent), 6

☐ Restructure  
Complete Sections 1,2,(3,4 if changing Agent), 5,6  
(See Note 2 on back)

### SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

- Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)  

Cowell	GARY	J'DON	06020045
Last	First	Middle	Liquor License #
- ☐ Corporation ☒ L.L.C. ☐ N/A: RIVKA LLC Corp. File #: L-0969361-5  
(Exactly as it appears on Articles of Inc. or Articles of Org.)
- Business Name: Dillon's  
(Exactly as it appears on license)
- Business Address: 6415 E Hwy 90 Sierra Vista Cochise AZ 85635  
(Do not use P.O. Box Number) City COUNTY Zip
- Is the business located within the incorporated limits of the above city or town? ☐ Yes ☒ No
- Mailing Address: 300 Duchess Dr Sierra Vista AZ 85635  
City State Zip
- Business Phone: (520) 458-8209 Residence Phone: (520) 508-1414
- Does this transaction involve the sale of any portion of the corporate stock? ☒ YES ☐ NO ☐ N/A If yes, submit a certified copy of minutes.
- Has there been any change of officers? ☒ YES ☐ NO ☐ N/A If yes, submit a certified copy of minutes.

### SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each person listed in Section II must submit a personal questionnaire (Form LIC0101) and a Department approved fingerprint card which may be obtained at the Dept. A person appearing in both lists need only submit one questionnaire and fingerprint card.

- List individual owner or partners or all directors, officers in corp., members in LLC:

Last	First	Middle	Title	Residence Address	City State Zip
Cowell	GARY	J'DON	Member		
Townsend	Amanda	Britt	Member		

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

- List stockholders or controlling members owning 10% or more of Corp/LLC:

Last	First	Middle	% Owned	Residence Address	City State Zip
Cowell	GARY	J'DON	85		
Townsend	Amanda	Britt	15		

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

1/7/2013

Date Received

CSR

11/22/13

13 OCT 30 19:14:11  
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13 SEP 15 14:14:11

SECTION 3 (COMPLETE THIS SECTION FOR AGENT CHANGE)

1. If the corporation/L.L.C. is owned by another entity, ATTACH AN OWNERSHIP AND DIRECTOR / OFFICER / MEMBER DISCLOSURE for the parent entity. Attach additional sheets as necessary in order to disclose real people.
- As an Agent, will you be physically present and operating the licensed premises? ☐ YES ☐ NO
- If you answered YES, you must provide proof of attendance of a Department approved Liquor Law Training Course within the last five years before your application for Agent can be submitted. If "no" a manager with approved training must be submitted.

SECTION 4 (COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License Number: \_\_\_\_\_ Date of last renewal: \_\_\_\_\_
2. Current Licensee or Agent: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle
- I, \_\_\_\_\_, hereby consent to the agent appointment named herein and  
(Print full name)
- agree to immediately assign a new agent in the event of the death, resignation, or discharge of this agent. I also understand that if the background report shows that I, the corporation, or any officer, director, member, or stockholder have been convicted of a felony in the past five (5) years, I will immediately surrender the license to the Arizona Department of Liquor Licenses and Control and hereby waive all rights to appeal such action.
- State of \_\_\_\_\_ County of \_\_\_\_\_
- X \_\_\_\_\_  
(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)
- The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Year  
Day Month Year
- My commission expires on: \_\_\_\_\_  
(Signature of NOTARY PUBLIC)

SECTION 5 (COMPLETE THIS SECTION FOR RESTRUCTURE)

- Is there more than one licensed premises involved? ☐ YES ☐ NO If yes, **SEPARATE APPLICATIONS** must be filed and fees paid for each license/location.
- Type of current ownership:
- ☐ J.T.W.R.O.S.  
☐ INDIVIDUAL  
☐ PARTNERSHIP  
☐ CORPORATION  
☐ LIMITED LIABILITY CO.  
☐ TRUST  
☐ OTHER Explain \_\_\_\_\_
- Type of new ownership:
- ☐ J.T.W.R.O.S.  
☐ INDIVIDUAL  
☐ PARTNERSHIP  
☐ CORPORATION  
☐ LIMITED LIABILITY CO.  
☐ TRUST  
☐ OTHER Explain \_\_\_\_\_

SECTION 6 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER as listed in Question 1 Section 1:

- I, GARY J'Don Cowell, hereby declare that I am the APPLICANT filing this application.  
(Print full name)
- have read the application and the contents and all statements are true, correct and complete.
- State of ARIZONA County of COCHISE
- X Gary J'Don Cowell  
(Signature of INDIVIDUAL OR AGENT)
- The foregoing instrument was acknowledged before me this 13th day of AUGUST, 2013  
Day Month Year
- My commission expires on: 1030-2015
- (Signature of NOTARY PUBLIC) MARY D. PARKER  
Notary Public - State of Arizona  
COCHISE COUNTY  
My Commission Expires October 30, 2015

NOTE 1: The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H)

NOTE 2: The \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

13 AUG 14 11:47. Dept AM11:11

## QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

06020045

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person ☒ Agent ☐ Manager (Only)  
(Complete Questions 1-19) (Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: Cowell GARY J'Don Date of Birth: [REDACTED]  
Last First Middle (NOT a Public Record)

3. Social Security Number: [REDACTED] Drivers License #: [REDACTED] State: AZ  
(NOT a public record) (NOT a public record)

4. Place of Birth: Richwood W.VA Nichols Height: 6 Weight: 175 Eyes Blue Hair: Brown  
City State Country (not county)

5. Marital Status ☐ Single ☐ Married ☒ Divorced ☒ Widowed

6. Name of Current or Most Recent Spouse: Cowell Becky J Lunkin Date of Birth: [REDACTED]  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? AZ If Arizona, date of residency: 1-19-99

8. Telephone number to contact you during business hours for any questions regarding this document [REDACTED]

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Dillon's Premises Phone: 520-458-8209

11. Physical Location of Licensed Premises Address: 6415 E Hwy 90 Sierra Vista Cochise AZ 85635  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
1-99	CURRENT	Night Club	Self 300 DuChess Dr, Sierra Vista, AZ 85635
1-99		Night Club	Dillon's Night Club / 6415 E Hwy 90 Sierra Vista AZ 85635

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 12

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
7-2000	CURRENT	Own	[REDACTED]	Sierra Vista	AZ	85635



If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, how many hrs/day? 10, and answer #14a below. If NO, skip to #15. ☒ YES ☐ NO  
14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)  
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on  
an existing license. ☒ YES ☐ NO

15. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance,  
regardless of the disposition, even if dismissed or expunged, within the past ten (10) years?  
In addition, please include all traffic tickets and complaints within the last ten (10) years that resulted in  
a warrant for arrest AND any traffic tickets and complaints that are alcohol or drug-related. ☐ YES ☒ NO

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments  
or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal  
traffic tickets and complaints. ☐ YES ☒ NO

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager  
EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended  
or fined in this or any other state? ☒ YES ☐ NO

18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or  
misrepresentation? ☐ YES ☒ NO

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member,  
director or manager on any other liquor license in this or any other state? ☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, GARY J'Don Cowell, hereby declare that I am the APPLICANT/REPRESENTATIVE  
(print full name of Applicant)  
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x Gary J Cowell  
(Signature of Applicant)

State of ARIZONA County of COCHISE

The foregoing instrument was acknowledged before me this  
13th day of AUGUST, 2013  
Month Year

My commission expires on: 10-30-2015  
Day Month Year

Mary D. Parker  
(Signature of Notary Public)  
MARY D. PARKER  
Notary Public - State of Arizona  
COCHISE COUNTY  
My Commission Expires  
October 30, 2015

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT  
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.  
The manager named must be at least 21 years of age.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

x \_\_\_\_\_  
Signature of Controlling Person or Agent (circle one)

\_\_\_\_\_ day of \_\_\_\_\_  
Month Year

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: \_\_\_\_\_  
Day Month Year



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Questions 17+19

Gib Enterprises L.L.C.  
D.B.A. Stadium Club

13 OCT 30 11:47. Dept PM 120

1-14-2001 Serving To A Minor  
Paid Fine

2-23-2001 Over Serving  
Paid Fine

10-7-2006 Over Serving  
Paid Fine

3-2-2007 Failure to check ID  
AND Serving Minor  
Paid Fine

Dany Cowell

13 OCT 30 11:47. Dept PM 120







13 AUG 14 04r. Dept AM1112

**ARIZONA STATEMENT OF CITIZENSHIP  
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**  
**Professional License and Commercial License**  
**Department of Liquor Licenses and Control**

Liquor License #: 06020045

Ownership Name: RINKA LLC.  
(as listed on the current liquor license application or renewal application)

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

**Directions:** All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

**SECTION I — APPLICANT INFORMATION**

APPLICANT'S NAME (Print or type) GARY J Cowell DATE 8-6-2013  
TYPE OF APPLICATION (check one) GARY J Cowell INITIAL APPLICATION ☒ RENEWAL  
TYPE OF LICENSE Liquor License # 6

**SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION**

**Directions:** Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: Birth Certificate

A. Are you a citizen or national of the United States? (check one) ☒ Yes ☐ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.

City Richwood State (or equivalent) WVA Country or Territory United States of America

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

DLLC 2/20/09

AG 11/08/07 - 81662

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13 OCT 16 04r. Dept PM 3 01



### SECTION III — ALIEN STATUS DECLARATION

**Directions:** To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided:

#### **“Qualified Alien” Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))**

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ 8. An alien who is, or whose child or child's parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

#### **Nonimmigrant Status (8 U.S.C. § 1621(a)(2))**

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

#### **Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))**

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

#### **Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))**

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

#### **Otherwise Lawfully Present (A.R.S. § 1-501)**

- ☐ 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).



13 AUG 14 11:12 AM

**SECTION IV — DECLARATION**

**All applicants must complete this section.** I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

Mary C. Cornwell  
APPLICANT'S SIGNATURE

8-6-2013  
TODAY'S DATE

13 OCT 30 11:20 AM

13 SEP 16 11:20 AM



## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor

Phoenix AZ 85007-2934

(602) 542-5141

13 AUG 14 09r. Dept AM11:11

## QUESTIONNAIRE

P1054812

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

06020045

(If the location is currently licensed)

1. Check appropriate box →	<u>Controlling Person</u> (Complete Questions 1-19)	<u>Agent</u> (Complete All Questions <u>except</u> # 14, 14a & 21)
	Controlling Person or Agent must complete #21 for a Manager	

2. Name: Townsend Amanda Britt Date of Birth: ~~XXXXXX~~  
Last First Middle (NOT a Public Record)

3. Social Security Number: ~~XXXXXXXXXX~~ Drivers License #: ~~XXXXXXXXXX~~ State: AZ  
(NOT a public record) (NOT a public record)

4. Place of Birth: Grants NM USA Height: 5'2 Weight: 145 Eyes: HEI Hair: Brown  
City State Country (not county)

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: Townsend Wesley Hugh Date of Birth: 12/30/1980  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: 1985

8. Telephone number to contact you during business hours for any questions regarding this document. ~~XXXXXXXXXX~~

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Dillon's Premises Phone: 520-458-8209

11. Physical Location of Licensed Premises Address: 16415 E Hwy 90 Surge Vista Cochise 85635  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
06/05	CURRENT	Bartender / manager	Stadium Club 3649 W 84th St Thatcher AZ 85552

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
08/05	CURRENT	<input type="radio"/>	<del>XXXXXXXXXX</del>	Thatcher	AZ	85552





If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, how many hrs/day? \_\_\_\_\_, and **answer #14a below**. If NO, skip to #15. YES ☒ NO ☐
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)  
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. YES ☒ NO ☐
15. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years?  
In addition, please include all traffic tickets and complaints within the last ten (10) years that resulted in a warrant for arrest AND any traffic tickets and complaints that are alcohol or drug-related. YES ☐ NO ☒
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints. YES ☐ NO ☒
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES ☐ NO ☒
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES ☐ NO ☒
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? YES ☒ NO ☐

If any answer to Questions 15 through 19 is "YES" **YOU MUST** attach a signed statement.  
Give complete details including dates, agencies involved, and dispositions.

**SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED**

20. I, Amanda Britt Townsend, hereby declare that I am the APPLICANT/REPRESENTATIVE  
(print full name of Applicant)
- filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x Amanda B. Townsend  
(Signature of Applicant)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on:

SEE ATTACHED  
CALIFORNIA  
ACKNOWLEDGEMENT  
Day Month Year

(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT  
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.  
The manager named must be at least 21 years of age.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

x \_\_\_\_\_  
Signature of Controlling Person or Agent (circle one)

\_\_\_\_\_ day of \_\_\_\_\_  
Month Year

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on:

Day Month Year



13 AUG 14 Lfr. Dept. 441111

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**  
**CIVIL CODE § 1189**

State of California

County of Orange

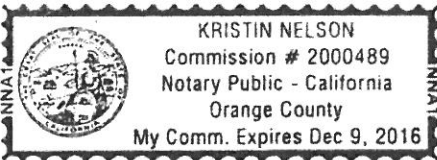
On August 12, 2013  
Date

before me, Kristin Nelson, Notary Public  
Here Insert Name and Title of the Officer

personally appeared

Amanda B. Townsend  
Name(s) of Signer(s)

13 OCT 30 Lfr. Dept. PM 1:20



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature: Kristin Nelson  
Signature of Notary Public

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Driver's License Questionnaire Document Date: 8/12/13

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: none

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_



'13 AUG 14 04. Dept #M11:11

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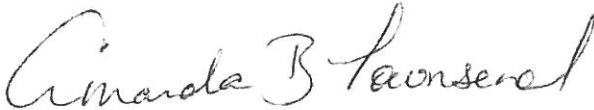
To whom it may concern:

August 8, 2013

This letter is in reference to question 19 on the questionnaire for my application of becoming an "agent" of Rivka, LLC.

I have been a manager at The Stadium Club located at 3649 West 8<sup>th</sup> Street Thatcher, AZ 85552;

License# 06050015 since April, 2007.

A handwritten signature in cursive script that reads "Amanda B Townsend". The signature is written in dark ink and is positioned above the printed name.

Amanda B Townsend

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L0959361-5

EXPEDITED

06020045

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ARTICLES OF ORGANIZATION

OF

RIVKA, L.L.C.

2001 FEB 22 A 11:16

LIO. DEPT. TUCSON

ARTICLE 1. The name of this limited liability company is RIVKA, L.L.C (the "Company").

ARTICLE 2. The address of the Company's registered office is 6415 Highway 90, Sierra Vista, Arizona 85635, located in the County of Cochise.

ARTICLE 3. The name and business address of the Company's agent for service of process is:

Gary J. Cowell  
300 Duchess Drive  
Sierra Vista, Arizona 85635

ARTICLE 4. There is, or will be, one or more members at the time the Company is formed.

ARTICLE 5. The duration of the Company is perpetual.

ARTICLE 6. Management of the Company is reserved to the members.

ARTICLE 7. The names and addresses of each member at the time of formation of the Company are:

Gary J. Cowell  
300 Duchess Drive  
Sierra Vista, Arizona 85635

Becky J. Cowell  
300 Duchess Drive  
Sierra Vista, Arizona 85635

13 OCT 30 14P. DEPT FM 149

12 SEP 16 14P. DEPT FM 301




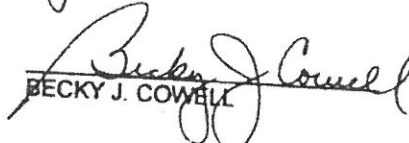





0602045

IN WITNESS WHEREOF, the undersigned have executed these Articles of  
Organization as of the 31 day of August, 2000.

  
GARY J. COWELL

  
BECKY J. COWELL

I, GARY J. COWELL, having been designated to act as Statutory Agent, hereby  
consent to act in that capacity until removed or resignation is submitted in accordance  
with the Arizona Revised Statutes.

  
GARY J. COWELL

13 OCT 30 4:47 PM 19

13 SEP 16 4:47 PM 01



AZ CORPORATION COMMISSION  
FILED

DEC 8 2012

FILE NO. L-0893361-5

AZ Corp. Commission



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DO NOT WRITE ABOVE THIS LINE, RESERVED FOR AZCC USE ONLY.

## ARTICLES OF AMENDMENT

Read the Instructions (015)

1. ENTITY NAME - give the exact name of the LLC as currently shown in A.C.C. records:

RIVKA, L.L.C.

2. A.C.C. FILE NUMBER:
- L-0893361-5

Find the A.C.C. file number on the upper center of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND  
COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.

- 3.
- ☐
- ENTITY NAME CHANGE - type or print the exact NEW name of the LLC in the space below:

- 4.
- ☒
- MEMBERS CHANGE (CHANGE IN MEMBERSHIP) - see Instructions (015) - Use one block per person - FOR MEMBERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each member being changed, and below that provide any new information for that member (new name and/or address), then check all boxes that apply to indicate the change being made for that member. FOR NEW MEMBERS - in a separate block, list the name as the NEW Name; blank and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Members form 1004.

Betsy Cowell			Amanda Erik Townsend		
Name currently shown in A.C.C. records			Name currently shown in A.C.C. records		
NEW NAME			NEW NAME		
P.O. 478			P.O. Box 2780		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
State	Zip		State	Zip	
Arizona	85636		Arizona	85312	
City	UNITED STATES		City	UNITED STATES	
Country			Country		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member <input checked="" type="checkbox"/> Remove member			<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Add as 20% or more member <input checked="" type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member		
Name currently shown in A.C.C. records			Name currently shown in A.C.C. records		
NEW NAME			NEW NAME		
P.O. 478			P.O. Box 2780		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
State	Zip		State	Zip	
Arizona	85636		Arizona	85312	
City	UNITED STATES		City	UNITED STATES	
Country			Country		
<input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member			<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member		

L0893361-5  
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13 SEP 16 14P. Dept PM 3:04



6. ☐ **MANAGERS CHANGE (CHANGE IN MANAGEMENT)** - List one block per person - FOR MANAGERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each manager being changed, and below that provide any new information for that manager (last name and/or address), then check all boxes that apply to indicate the change being made for that manager. FOR NEW MANAGERS - in a separate block, list the name in the NEW Name block and give the address, and check the appropriate box. If extra space is needed, complete and attach the **Amendment Attachment for Managers Form LD41**.

EXISTING MANAGER (A.C.C. RECORD)			EXISTING MANAGER (A.C.C. RECORD)		
NAME			NAME		
ADDRESS 1			ADDRESS 1		
ADDRESS 2 (optional)			ADDRESS 2 (optional)		
CITY	STATE	ZIP	CITY	STATE	ZIP
<input type="checkbox"/> Address change <input type="checkbox"/> Name change			<input type="checkbox"/> Address change <input type="checkbox"/> Name change		
<input type="checkbox"/> Add as manager <input type="checkbox"/> REMOVE MANAGER			<input type="checkbox"/> Add as manager <input type="checkbox"/> Remove manager		

8. ☐ **MANAGEMENT STRUCTURE CHANGE** - see **Instructions LD19** - check only one box below and follow instructions:  
☐ **CHANGING TO MEMBER-MANAGED LLC** - complete and attach the **Manager Structure Attachment form LD40**. The filing will be rejected if it is submitted without the attachment.  
☐ **CHANGING TO MEMBER-MANAGED LLC** - complete and attach the **Member Structure Attachment form LD41**. The filing will be rejected if it is submitted without the attachment.

7. ☐ **STATUTORY AGENT CHANGE - NEW AGENT APPOINTED** - see **Instructions LD19**

<b>7.1 REQUIRED</b> - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:			<b>7.2 OPTIONAL</b> - mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Statutory Agent Name (required)					
Address (optional)			Address (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
CITY	STATE	ZIP	CITY	STATE	ZIP
<b>7.3 REQUIRED</b> - the <b>Statutory Agent Acceptance form ND02</b> must be submitted along with these Articles of Amendment.					

9. ☐ **STATUTORY AGENT ADDRESS CHANGE - ADDRESS OF CURRENT STATUTORY AGENT** - complete 9.1 and/or 9.2:

<b>9.1 NEW physical or street address</b> (not a P.O. Box) in Arizona of the existing statutory agent:			<b>9.2 NEW mailing address</b> in Arizona of the existing statutory agent (can be a P.O. Box):		
Address (optional)			Address (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
CITY	STATE	ZIP	CITY	STATE	ZIP

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9. ☐ ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:

9.1 Is the NEW Arizona known place of business address the same as the street address of the statutory agent?

- ☐ Yes - go to number 10 and continue  
☐ No - go to number 9.2 and continue

9.2 If you answered "no" to number 9.1, give the NEW physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

Address (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
County		

10. ☐ DURATION CHANGE - check one to indicate the NEW duration or life period of the LLC:

- ☐ Perpetual  
☐ The LLC's life period will end on this date: \_\_\_\_\_ (enter a date - mm/dd/yy)  
☐ The LLC's life period will end upon the occurrence of this event: \_\_\_\_\_ (describe an event)

11. ☐ ENTITY TYPE CHANGE - If changing entity type, check one and follow instructions:

- ☐ Changing to a PROFESSIONAL LLC - number 12 must also be completed.  
☐ Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).

12. ☐ PROFESSIONAL SERVICES CHANGE - describe the NEW type of professional services the professional LLC will render:13. ☐ OTHER AMENDMENT - If an amendment was made that was not addressed by the check boxes on this form, then you must attach to these Articles of Amendment a complete copy of the LLC's written amendment.

SIGNATURE: By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPTGary Cornell  
STAT AGENT11-28-2012  
Date (mm/dd/yy)

REQUIRED - check only one and fill in the corresponding blank if signing for an entity:

<input type="checkbox"/> This is a manager-managed LLC and I am signing individually as a manager or I am signing for an entity manager named: _____	<input checked="" type="checkbox"/> This is a member-managed LLC and I am signing individually as a member or I am signing for an entity member named: <u>Gary Cornell</u>
--	--

Filing Fee: \$25.00 (regular processing)

Expedited processing - add \$35.00 to filing fee.

All fees are non-refundable - see instructions.

MAIL TO: ARIZONA CORPORATION COMMISSION - CORPORATE FILINGS SECTION  
1300 W. Washington St., Phoenix, Arizona 85007

Fax: 602-542-4100

PLEASE DO NOT SIGN THIS DOCUMENT UNTIL YOU ARE PROMPTLY REQUESTED BY MAIL. We should not provide legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are public records and are open for public inspection. If you have questions after reading this document, please call 602-542-5000 or (within Arizona only) 800-354-5000.

LD16091  
Rev 2010Arizona Corporation Commission - Corporate Filings Section  
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# RIVKA, LLC

Special meeting

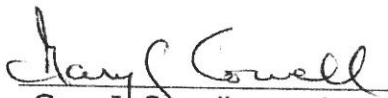
December 28, 2012

A special meeting of the members of RIVKA, LLC was held on December 28, 2013 at 300 Duchess Drive, Sierra Vista, Arizona 85635.

Member(s) Present: Gary J. Cowell

At 9:05 AM Gary J. Cowell being the only surviving member of RIVKA, LLC made the decision to sell fifteen percent of RIVKA, LLC to Amanda B Townsend for the amount of \$1.00

There being no further business to address the meeting concluded at 9:10 AM

  
Gary J. Cowell, member

\*13 OCT 30 Ltr. Dept PM 1:19

\*13 SEP 16 Ltr. Dept PM 3:02



# Board of Supervisors

Ann English  
Chairman  
District 1

Richard R. Searle  
Vice-Chairman  
District 3

Pat Call  
Supervisor  
District 1



Michael J. Ortega  
County Administrator

James E. Vlahovich  
Deputy County Administrator

Arlenthe G. Rios  
Clerk

November 26, 2013

Gary J. Cowell  
300 Duchess Drive  
Sierra Vista, AZ 85635

**Subject:** Liquor License Application #06020045

Dear Mr. Cowell:

Effective June 17, 2003, the Board of Supervisors passed a resolution requiring a processing fee for liquor license applications. The fee is \$100.00, and should be paid by check or money order made payable to Cochise County. This fee is separate from the fee paid to the state. Please mail the funds to Cochise County Board of Supervisors, 1415 Melody Lane, Bldg. G, Bisbee, AZ 85603. Include your liquor license number and name of business on all correspondence.

One of our Planning and Zoning Inspectors will be by your property on Wednesday, November 27, 2013 between 8:00 A.M. and 5:00 P.M. to post the proposed liquor license application. Please **DO NOT REMOVE THE MATERIAL POSTED.** If the posting material is removed prior to twenty days, there will be an additional fee of \$50.00 and the process will be restarted, therefore delaying approval of the liquor license. Only the inspector is authorized to remove the posting, which will occur Tuesday, December 17, 2013.

The Board of Supervisors will consider the approval of your liquor license on Tuesday, January 7, 2014 at 10:00 A.M. The fee must be received prior to the hearing to complete the process. Meetings are held at the Board of Supervisors' Hearing Room at the address mentioned above.

You may bring any supporting documentation in favor of your license to the hearing. If you have any questions, please contact this office. Thank you.

Sincerely,

Cathy Davis  
Administrative Assistant

cc: Planning & Zoning

